

**HELICOPTER RENTAL AGREEMENT**

**U.S. DEPARTMENT OF THE INTERIOR**  
**AVIATION MANAGEMENT/ALASKA REGIONAL OFFICE**  
**4405 LEAR COURT**  
**ANCHORAGE, ALASKA 99502 - 1032**  
**FAX (907) 271- 6080**  
**(907) 271-3935 / 6032**



OAS VENDOR NO.:

Name and Address:

Telephone No.: \_\_\_\_\_

After Hours: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**A1. AIRCRAFT INFORMATION** - (This form may be used for multiple helicopters (fleet) provided the prices and information are the same for each helicopter.)

FAA Reg. No.	N		N	
	N		N	
	N		N	

Manufacturer and Model:	Operations for Which Approved: [ ] VFR [ ] IFR
Passenger Seats Insured (exclude pilot):	Certified Under FAR Part 133: [ ] YES [ ] NO
Vendor's Base of Operations:	Certified Under FAR Part 137: [ ] YES [ ] NO

**Special Equipment:** ☐ High Skid Gear ☐ Tundra Pads ☐ Pop-Out Floats ☐ Fixed Floats ☐ Intercom ☐ 4 Place Intercom  
☐ 9600 FM Radio ( ☐ Narrow / ☐ Wide Band ) ☐ GPS ☐ Bambi Bucket ☐ Shooting Door ☐ DOI Approved Shooting Harness ☐ Air Frame Net  
☐ Gun ☐ Longline Equipped ☐ Heli-Torch Wiring ☐ Litter Kit ☐ Aux Fuel System ☐ Cargo Racks ☐ Other \_\_\_\_\_

**A2. RATES – PAYMENT COMPUTED IN ACCORDANCE WITH THE AIRCRAFT RENTAL AGREEMENT**

(1) Rate Per Flight Hour:	WET WITH PILOT	DRY WITH PILOT	*WET WITHOUT PILOT
	\$	\$	\$

(2) Guarantee in Flight Hours Each Day Averaged Over Period of Use (Subject to paragraph C8.3.4): \_\_\_\_\_ HOURS

(3) Additional Amount Per Flight Hour When Copilot is Requested: \$ \_\_\_\_\_

(4) Per Day Cost For Additional Flight Crew: \$ \_\_\_\_\_

(5) Standby Rate Per Hour: \$ \_\_\_\_\_

(6) Vendor's Standby Terms (Refer to paragraph C8.3.3.1): \_\_\_\_\_

(7) Fuel Cost - Used in Computing Wet Rates Offered Above: \$ \_\_\_\_\_ Per Gallon/Fuel Consumption Rate: \_\_\_\_\_ GPH

(8) The Vendor shall be reimbursed for overnight allowances not to exceed the amounts set forth in the Civilian Personnel Per Diem Bulletin. These rates are subject to change. (Refer to paragraph C8.4.1)

\* **WITHOUT PILOT** - Contact Flight Coordination Center before filling in price. Evidence of hull insurance to cover Government pilots is required. (Refer to paragraph C3.3)

**A3. TERMS AND CONDITIONS** - The vendor agrees to perform services in accordance with the terms and conditions of this Aircraft Rental Agreement and any applicable supplements which are attached or incorporated herein by reference. This agreement is only applicable to transactions conducted through the DOI AM. The vendor certifies that the above listed aircraft are under Part 135/121 and that insurance coverage required under Section C3.1 is in effect.

SIGNATURE OF VENDOR	NAME AND TITLE (Type or Print)	DATE
SIGNATURE OF CONTRACTING OFFICER	TITLE (Type or Print)	DATE